

**Arizona Department of Health Services**  
**OFFICE OF CHILD CARE LICENSING**  
PUBLIC SCHOOL BUILDING APPLICATION FORM  
(For Ages Three Through Fourteen Only)

**PLEASE COMPLETE BOTH SIDES**

|                                                                         |       |        |
|-------------------------------------------------------------------------|-------|--------|
| Name of Applicant:                                                      |       |        |
| Name of School:                                                         |       |        |
| Name of School District:                                                |       |        |
| Facility Street Address:                                                | City: | Zip:   |
| Cross Streets:                                                          |       | Phone: |
| Mailing Address:                                                        | City: | Zip:   |
| <b>If additional information is required, the person to contact is:</b> |       |        |
| Name                                                                    | Phone | Fax    |

**This application represents:**

A Public School building not currently licensed (please check one):

- ☐ An existing unlicensed building.  
☐ New construction for a proposed facility.

NOTE: Pursuant to R9-5-101.93, "Public School" means a government-operated educational institution established for the purpose of offering instruction to pupils in programs for preschool children, kindergarten programs or any combination of grades one through 12.

**Submit drawings to your regional office - See addresses below - or call 1-800-615-8555**

- A. Pursuant to R9-5-607.D, a **school map shall be submitted for site and floor plans** with the following indicated:
1. The location of each school building and outdoor activity area;
  2. The location and perimeter dimensions of each indoor activity area used by enrolled children;
  3. The location of each hand washing sink, toilet, urinal, and drinking fountain to be used by enrolled children; and
  4. The location and dimensions of each outdoor activity area to be used by enrolled children.
- B. Pursuant to R9-5-607.E, facilities with **modular** buildings must submit **a copy of the "Installation Permit"** from the Arizona Office of Manufactured Housing, **in addition to site and floor plans**, as applicable. Also, pursuant to R9-5-607.E.2, **"one set of final construction drawings that includes the stamp of the "Arizona Office of Manufactured Housing" must be included.**

|                                                                                                                                                          |                                                                                                                                         |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| OFFICE OF CHILD CARE LICENSING<br>150 NORTH 18 <sup>TH</sup> AVENUE, SUITE 400<br>PHOENIX, ARIZONA 85007<br>PHONE: (602) 364-2539<br>FAX: (602) 364-4768 | OFFICE OF CHILD CARE LICENSING<br>400 WEST CONGRESS, SUITE 100<br>TUCSON, ARIZONA 85701<br>PHONE: (520) 628-6541<br>FAX: (520) 628-6537 | OFFICE OF CHILD CARE LICENSING<br>1500 EAST CEDAR AVENUE, SUITE 22<br>FLAGSTAFF, ARIZONA 86004<br>PHONE: (928) 774-2707<br>FAX: (928) 774-2830 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

|                              |                 |               |               |                                  |
|------------------------------|-----------------|---------------|---------------|----------------------------------|
| <b>OFFICIAL<br/>USE ONLY</b> | CDC#:           | Previous CDC: | LS:           | <b>Received by<br/>Initials:</b> |
|                              | Date Fee Rec'd: | Amount:       | Check Number: |                                  |

## PUBLIC SCHOOL BUILDING APPLICATION FORM

| Outdoor Activity Area name/# | SQ FT. | ÷ 75 (# children on playground at one time) | X 2          | = Maximum capacity |  | # of Toilets / Urinals |  |                                                             |
|------------------------------|--------|---------------------------------------------|--------------|--------------------|--|------------------------|--|-------------------------------------------------------------|
|                              |        |                                             |              |                    |  | # of Sinks             |  | if Bradley sinks, the number of spigots                     |
|                              |        |                                             |              |                    |  | # of Sanitary Units    |  | Total number of Sanitary Units = lower of two numbers above |
|                              |        |                                             | <b>TOTAL</b> |                    |  |                        |  |                                                             |

Will meals/snacks be prepared for children enrolled in the licensed facilities?    YES   ☐                      NO   ☐

### Days and Hours of operation:

|       |      |  |    |  |      |  |    |  |      |  |    |  |
|-------|------|--|----|--|------|--|----|--|------|--|----|--|
| Mon   | From |  | To |  | From |  | To |  | From |  | To |  |
| Tues. | From |  | To |  | From |  | To |  | From |  | To |  |
| Wed   | From |  | To |  | From |  | To |  | From |  | To |  |
| Thurs | From |  | To |  | From |  | To |  | From |  | To |  |
| Fri   | From |  | To |  | From |  | To |  | From |  | To |  |

**Please indicate below, each room by name or number with the usable square footage.**

| Room # or Name | Usable Sq. Ft. | FOR OCCL USE ONLY |          |                   | Comments/Program Name |
|----------------|----------------|-------------------|----------|-------------------|-----------------------|
|                |                | 25 Sq Ft          | 50 Sq Ft | Licensed Capacity |                       |
|                |                |                   |          |                   |                       |
|                |                |                   |          |                   |                       |
|                |                |                   |          |                   |                       |
|                |                |                   |          |                   |                       |
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|                |                |                   |          |                   |                       |
|                |                |                   |          |                   |                       |
|                |                |                   |          |                   |                       |
|                |                |                   |          |                   |                       |
|                |                |                   |          |                   | <b>TOTAL</b>          |